

*Claimant is Bon
Particulars Specified* MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FO-875)

ITEM NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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